



DYNAMITE YOUTH CENTER FOUNDATION, INC.

www.dycinc.org

Executive Director
William A. Fusco

Associate Director
Karen J. Carlini

July 2020

Dear Dynamite Graduate:

The Dynamite Youth Center Foundation, in keeping with its dedication to young people, will be accepting applications for the Julianne B. Fusco Scholarship. The Julianne B. Fusco Scholarship Fund is used to assist DYC members and graduates who wish to pursue academic or vocational study.

Applicants are asked to fill out the "Application to the Grant Committee" form and attach a written statement explaining your present needs and your long-range goals. **The application and statement must be emailed to dmarro@dycinc.org by August 12th or earlier.**

The Grant Committee will review all applications. Interviews will be scheduled during the **last 2 weeks of August (via ZOOM)** and conducted at the discretion of the committee.

If you have dropped out of school for financial reasons, if you have never enrolled for a desired course, if you are hesitant about school because of finances, we urge you to apply. Dynamite would like nothing more than to help "its own" achieve their goals.

Very truly yours,

Josephine Portuesi
Chair
Board of Directors



Scholarship Fund – Dynamite Youth Center

Objective:

The fund was established to award grants for support of Phase II and Completion members' academic or vocational training.

Selection Process:

1. Applicants must fill out the "Application to the Grant Committee" form. A written statement should be attached that describes why the grant is desired and what the long range goals are.
2. Each year there will be two application periods: in the fall and in the winter. The approval process will take no more than 30 days.
3. Interviews of applicants will be conducted at the discretion of the grant committee.
4. Grant requests will be limited to \$2,000.
5. It will be the responsibility of each recipient to report progress periodically to the committee.

Dynamite Youth Center Foundation, Inc.
Julianne B. Fusco Scholarship Fund

GRANT APPLICATION

Name: _____ Telephone No: _____
(List a # where you can be contacted to arrange for an interview)

Address (with apt #, City, State, & zip code): _____

Program Status: Phase II: _____ Graduate: _____ Date Completed: _____

Do you work? Yes _____ No _____ If Yes, Full-time _____ Part-time _____

Work name, address, and phone number _____

School Name and Address: _____

Course of Study: _____ Full-time: _____ Part-time: _____

Day _____ Evening _____ Anticipated Graduation Date _____

Are you a recipient of previous DYC grant(s)? Yes: _____ No: _____

If yes, give date, amount awarded, and purpose, and attach copy of most recent grades/transcript _____

Current request: \$ _____ for Tuition _____ Books _____ Other (explain) _____

****** Attach statement describing how grant will support your overall goals.**
(Along with most recent copy of grades and/or transcripts)

Date _____ Signature _____

*****OFFICIAL USE ONLY*****

Date of Review _____ Date Applicant Notified _____

Grant Approved: Amount \$ _____ Purpose: _____

Grant Denied: Reason: _____

Date: _____ Signature of Reviewer: _____